

## Diagnostic CT for Molecular Imaging Course

Form to be completed by Candidate's Employer – Please complete using black pen

### Candidate Details

**Name:** .....

**Postal address:** .....  
.....  
..... **Postcode:** .....

**email address:** .....

### Employer Details

**Name of Organisation:** .....

**Postal address:** .....  
.....  
..... **Postcode:** .....

**email address:** .....

### Employer's Declaration

On behalf of ..... (*employer*),

I acknowledge that ..... (*employee*)

is an employee of this organisation and has the organisation's support in undertaking the VSNMT **Diagnostic CT for Molecular Imaging** course. The candidate will be given adequate support to undertake the 16 week course including a 3 week clinical placement in CT. I understand the 3 week placement can be completed as a single block, 3 weekly rotations, or as day release with a minimum of 2 days per week and that the placement must be completed within 2 months.

**Full Name:** .....

**Position:** .....

**Signature:** .....

**Date:** .....

This form must be completed along with the Candidate's Application form and the Clinical CT Supervisor form. Completed forms should be scanned with the copies plus a certified copy of your degree sent via email to:

[CTAdmin@vsnm.com](mailto:CTAdmin@vsnm.com)